Supply of substitute Medicines to the patients in C.G.H.S. dispensaries

2661. SHRI O.P. KOHLI: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether the CGHS dispensaries mostly provide substitute medicines for the ones prescribed by the medical specialists even to the serious and chronic patients;

(b) whether Government propose to make it compulsory to provide such medicines as are prescribed by the medical specialists at least in the case of patients suffering from serious ailments like heart disease, high blood pressure, diabetes etc.; and

(c) if not, the reasons therefor?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) According to the policy of the Government, if the medicines are prescribed by the specialist by brand name, it is not considered necessary to supply the same when medicines with the same generic composition are available in the dispensary. If the medicines with same generic composition are not available in the dispensary, the medicines are procured by brand name on the individual prescription from the authorised local chemists and supplied to the patients.

(b) There is no such proposal under consideration of the Govt, at present.

(c) In view of the position given at (a) above, the question does not arise.

Iron-dcficiencyanaemia among children and women

2662. SHRI NARENDRA MOHAN: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) whether any study has been made to find out the level of iron deficiency/ anaemia in children and women of child bearing age in India;

(b) if so, the reasons thereof and the reasons therefor; and

(c) what steps are being adopted to supplement this iron'deficiency to avoid death of such vulnerable children and other foetal complication amongst women of child bearing age?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) to (c) As Study was conducted titled "Evaluation of the National Nutritional Anaemia Prophylaxis Programme" in 11 States during 1985-86 by Indian Council of Medical Research (ICMR), which indicated iron deficiency anaemia in 87.6% pregnant women.

Another study by ICMR, titled "Field supplementation trial in pregnant women with 60 mg., 120 mg. of iron with 500 microgram of tolic acid" was conducted in 5 States during 1987—89. The study indicated a prevalence of anaemia among pregnant women as 62.1%.

The preliminary findings of another multi centric ICMR study on micro-nutrients deficiency disorders and protein energy malnutrition conducted in 6 States indicate the prevalence Anaemia in pregnant women within the range of 60—97%.

The possible reasons for iron deficiency anaemia are:

1. only 5% of iron from dietary source of plant food is available to the body.
2. prevalence of malaria
3. worm infestation
4. multi-parity, short birth interval
5. lack of awareness.

Under the Family Welfare Prophylaxis programme, 100 tablets of IFA are provided for pregnant women lactating mothers and family planning acceptors, as well as, children below 5 years of age.

Awareness is being promoted about the causes of Iron deficiency anaemia advocating the food based approach for its prevalence through the field unit of the Department of Women and Child Development. The Deptt. of Family Welfare

too through the functionaries at the field level arc propagating such awareness.

Specialised burn wards in Hospitals

2663. SHRI S.M. KRISHNA: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the approximate number of burnt patients admitted in different hospitals in a day in the country;

(b) the number of Government hospitals. State-wise having specialised burn wards;

(c) whether Government arc aware of declining/dilapidated facilities in burn wards particularly in Safdarjung hospital; if so, the details available with his Ministry on this account; and

(d) what steps are being taken to ensure the basic medical treat facilities in Safdarjung Burn Ward?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZIIIL-MALAI): (a) and (b) 'Health' being a State subject under the Constitution, such information is not compiled by the Ministry.

(c) and (d) For strengthening the Burns Ward in Safdarjung Hospital, the Ministry had sanctioned Rs. 115.86 lakhs for

the purchase of equipment and Rs. 94.56 lakhs for constructioivtivil works during 1996-97. Besides this, 130 posts of various categories have been sanctioned for Burns Ward to overcome the shortage of manpower. During 1997-98 Administrative approval and Expenditure Sanction has been issued for undertaking civil-' electrical works such as providing (i) wash basin in the cubicles of Burns Ward of Burns ICU; (ii) tile flooring in Burns Ward; (iii) main sewer line from Burn Ward to Gate No. 1; (iv) providing and installation of one New lift in Burns Ward and (v) providing window type A.C. Units in Plastic O.P.D. at Burns Ward.

Indira Gandhi Regional Institute for Health and Medical Sciences, Shillong

2664. SHRI ONWARD L. NONGTDU: Will the Minister of HEALTH AND FAMILY WELFARE be pleased to state:

(a) the total financial involvement for the establishment of the North-Eastern Indira Gandhi Regional Institute of Health and Medical Sciences at Shillong;

(b) in how many phases the project was proposed to be completed; and

(c) whether Government have approved the proposal for implementation of Phases II and III ot the project?

THE MINISTER OF STATE OF THE MINISTRY OF HEALTH AND FAMILY WELFARE (SHRI DALIT EZHIL-MALAI): (a) to (c) The North Eastern Indira Gandhi Regional Institute of Health and Medical Science, Shillong was to be set up at an estimated cost of Rs. 71.18 crores. At present efforts arc being made to make the Interim Facilities for Super-speciality services in Gasto-enterol-ogy and Cardiology operational by taking steps for installation of medical equipment and appointment of medical personnel. The Committee under the Chairmanship of Dr. P. K. Dave, Director, All India Instt. of Medical Sciences, New Delhi was constituted (a) to prepare a detailed project report for setting up a Referral Hospital with Post graduate Teaching, (b) to update the costing, determining the interse priorities and phasing to meet the minimum requirement for establishing post graduate teaching, (c) to revise the Project to include MBBS Course, and (d) to examine the Project Proposal prepared by the Institute.

On examining the Report, it was found that detailed cost estimates arc required to be worked out, keeping in view the priorities and the norms laid down by the Medical Council of India. The Institute has entrusted the task of preparation of cost estimates to M&. Hospital Services Consultancy Corporation (India) Ltd. The entire matter will be placed before the Governing Council.